

# Long Island Speech-Language-Hearing Association

## 2010 MEMBERSHIP APPLICATION

Please print clearly. This information will be used for our Membership Directory.  
See reverse side for instructions and mailing information.

### MEMBERSHIP TYPE (see reverse side for description)

Regular Member - \$50.00     Associate Member - \$45.00     Student Member - \$25.00\*\* must have back signed by Program Director

Membership year runs January 1st through December 31st, and will not be pro-rated nor carried over to the following Membership year.

### PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN/ST/ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

If you do NOT wish to have the ABOVE information published in our directory please send your request to info@lisha.org

CELL PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### EMPLOYMENT AND EDUCATIONAL INFORMATION

PLACE OF EMPLOYMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_

Primary Work Setting: \_\_\_\_\_ Secondary Work Setting: \_\_\_\_\_  
(i.e. Hospital, School, Private Practice \*, University, Clinic/Agency) \*Private Practice must have a NYS License number listed below.

### PROFESSIONAL INFORMATION

NYS LICENSE: - (Y/N)      Speech License # \_\_\_\_\_      Audiology License # \_\_\_\_\_

TEACHER CERTIFICATION:      Teacher of Speech and Hearing Handicapped (TSHH) (Y/N)

Teacher of the Deaf (Y/N)      Teacher of Students with Speech or Language Disabilities (TSSLD) (Y/N)

PROFESSIONAL ASSOCIATIONS:      American Academy of Audiology Member (AAA)#

ASHA Member # \_\_\_\_\_ NYSSLHA Member (Y/N)      ASHA Specialty Recognition Status (Y/N)

Audiology Certified (Y/N)      Speech Certified (Y/N)      Area of ASHA Recognition: \_\_\_\_\_

I am qualified to perform evaluations/therapy in a foreign language (Y/N) Specify Language \_\_\_\_\_

Completion of Bilingual Extension Course: (Y/N) Date Completed Extension Course \_\_\_\_\_

Include your information on LISHA web site (Y/N)

Available for LISHA Committees (Y/N)

**Please complete, SIGN\*\* and return this form with a check payable to:  
LISHA, PO Box 133, Mastic Beach, New York 11951-0133**

**\*\*\*ALL MEMBERS MUST SIGN THE FOLLOWING\*\*\***

I agree to abide by the Code of Ethics and Constitution of the Long Island Speech-Language-Hearing Association and I acknowledge that all editions of the **LISHA Directory** (previous and current) are **Confidential lists** of the Members of our Organization to be utilized by LISHA members solely as a resource of information to locate colleagues. **Directories are not to be used as a mailing list** for the intent and purpose of personal and/or professional financial gain, by our members, agencies, business partners or affiliated institutions without the written consent of the current LISHA Executive Board as stipulated on Page 19 of the 2008-2009 Directory. Furthermore, I understand that **misuse of the LISHA Directories will result in the immediate termination of my LISHA Membership and all its privileges for the current year.** Annual Dues will not be refunded. A penalty of \$250 for an unauthorized use will be enforced for agencies, business partners or affiliated institutions and any additional unauthorized use may be subject to a \$500 penalty.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**REGULAR MEMBER**

*(Please complete and sign all items on this form.)* Persons educated in speech science, speech-language and hearing rehabilitation and/or audiology, who meet one of the following professional standards:

- (1) Clinical Certification by the American Speech-Language-Hearing Association, or
- (2) New York State Department of Education Certification as a Teacher of the Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech-Language Disabilities (TSSLD) and must hold a degree in Speech-Language Pathology and/or Audiology, or
- (3) New York State License as a Speech-Language Pathologist or Audiologist  
(All membership privileges)

**ASSOCIATE MEMBER:**

*(Please complete and sign all items on this form.)* Associate Members shall be educators and other professional persons interested in the field of speech-language and hearing. Individuals who are qualified to become a member in any other member classification may not henceforth qualify as an Associate Member. (All membership privileges except that of voting and holding office)

**STUDENT MEMBER:**

*(Please complete and sign all applicable items on this form.)* Undergraduates who have completed a minimum of nine (9) semester hours in speech-language pathology, audiology, or speech-language and hearing sciences, or matriculated towards a graduate degree in speech-language pathology, audiology, or speech-language and hearing sciences. Individuals who are qualified to become a member in any other member classification may not henceforth qualify as a Student Member. (All membership privileges except that of voting and holding office)

**Student Members:** Please have the Program Director check box and sign below:

I verify that the student applicant is an undergraduate or graduate student, matriculating towards a Communication Sciences and/or Speech-Language Pathology and/or Audiology degree in our program.

Program Director and School: \_\_\_\_\_ Date: \_\_\_\_\_